IDAHO HOME CHOICE SUSTAINABILITY FREQUENTLY ASKED QUESTIONS

Question	Answer
Who is eligible for Transition Benefits?	 Transition Management benefits are available to Medicaid participants that are currently enrolled in the Enhanced State Plan coverage, and who have resided in a qualified institution for at least 45 consecutive days (above any Medicare part A benefits) Transition Service benefits are available to Medicaid participants who meet the above requirements and qualify for and enroll in either the Aged & Disabled (A&D) or Adult Developmental Disabilities (DD) waiver.
Who is eligible for the current Medicaid Home and Community Based Waivers?	 A & D Waiver: Individuals who meet nursing facility level of care and Medicaid eligibility requirements and who are aged (age 65 or older) or disabled may be eligible for the A&D waiver. DD Waiver: Individuals who meet ICF/ID level of care and Medicaid eligibility requirements and who have an intellectual/developmental disability may be eligible for the DD waiver.
What are Home and Community-Based Waiver Services (HCBS)?	 Long-term services and supports that assist eligible participants to remain in their home and community. HCBS are services that are available to individuals who move from institutional settings into the community. These services are provided in addition to medical services that may be needed, to help recipients live independently in the community. They may include Personal Care Services, Chore Services, Companion Care, Transportation, and other community-based services.

Question	Answer
Who is eligible for "Enhanced Medicaid"?	 The Enhanced Medicaid Benefit Plan is designed for participants with disabilities or other special health care needs. This plan includes all benefits in the Standard and Basic Plans, plus additional benefits. In order to receive Medicaid, certain eligibility requirements must be met in areas such as, citizenship/immigration status, income, resources, work requirements, and other areas based on household's circumstances.
What are Transition Management and Transition Services	 Transition Management Services: assists individuals in gaining access to needed medical, social, education, and other services for persons moving from a Medicaid funded institution to a qualified community residence. Participants may qualify for up to 72 hours of Transition Management Community Transition Services: goods, services, and supports that are provided to the IHC participant for addressing identified needs, including improving and maintaining the participant's opportunities for membership in the community. Participants may qualify for up to \$2,000 in one-time transition services.
How long do Transition Benefits last?	 Participants eligible to receive Transition Benefits have access for up to one year (12 months) after returning to the community, or until the benefit limits have been met, whichever comes first. Participants are eligible for these benefits every 24 months. If a participant does not meet the Level of Care necessary for waiver services, they will only be eligible for Transition Management and will not be eligible for Transition Services.

10/4/2018

Question	Answer
What is a Qualified Institution?	 A Qualified Institution is: A Skilled Nursing Facility (SNF) An Intermediate Care Facility for the Intellectually Disabled (ICF/ID) An Acute Care Hospital An Institution for Mental Diseases (IMD) **Individuals in an IMD between the ages of 22 and 64 do not qualify for Transition Benefits
What is a Qualified Residence?	A Qualified Residence is: A Person's own home A family member's home An apartment or other rental unit A Certified Family Home A Residential Assisted Living Facility A Residential Habilitation Setting
How do I get more information on the IHC sustained benefits?	Call: (208)364-1889 Email: IHCMFP@dhw.idaho.gov Visit: Idahohomechoice.dhw.idaho.gov